

Patent  
 Attorney  
 Name  
 Address  
 City  
 State  
 Zip

**MULTIPLE IDENT CLAIM**  
**FEE PAYMENT SHEET**  
**(FOR USE WITH FORM PTO-875)**

SERIAL NO. 00-806783 FILING DATE \_\_\_\_\_  
 APPLICANT \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51								
2		/					52								
3		/					53								
4		/					54								
5		/					55								
6		/					56								
7		/					57								
8		/					58								
9		/					59								
10		/					60								
11		/					61								
12		/					62								
13		/					63								
14		/					64								
15	/						65								
16		/					66								
17		/					67								
18		/					68								
19		/					69								
20		/					70								
21		/					71								
22		/					72								
23	/						73								
24	/						74								
25	/						75								
26		/					76								
27							77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	4						TOTAL IND.								
TOTAL DEP.	22						TOTAL DEP.								
TOTAL CLAIMS	26						TOTAL CLAIMS								

PTO-1350 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS & AMENDMENTS

U.S. DEPARTMENT of COMMERCE  
Patent and Trademark Office

BEST AVAILABLE COPY